Notice of Allowance Data Verification ☒

Application

Application No * [ ]	Filing Date	Attorney Docket No [ ]

Employee No

GAU   Class * [   ]   Subclass * [   ]

Inventor Name

Data Verification

Formal Drawing *	Oath Or Declaration	Biological Deposit	
○ Required	○ Required	○ Required	No of Claims Allowed * [0]
○ Not Required	⦿ Not Required	⦿ Not Required	Shts of Drawings [0]

Title of Invention * [   ]

Correspondence

Customer No [   ]

Address

Name Line One * [   ]

Name Line Two [   ]

Street Line One [   ]

Street Line Two [   ]

City Name [   ]

Postal Code [   ]   State/Province [   ]   Country [   ]

Telephone No [   ]   Extension No [   ]

Fax No [   ]   Email [   ]

Dispatch		OK	Close		Clear	Print

Print current window.   djohnson1